



**Republic of the Philippines
Province of Negros Occidental
City of San Carlos**

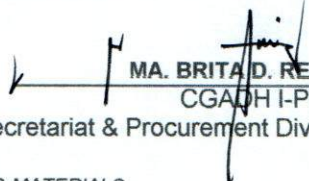
Telephone No. (034) 312-5205

REQUEST FOR QUOTATION	
REF. NUMBER:	0713 /
DATE:	June 21, 2024 /
PURCHASE REQUEST NO.	1-24-05-0966 /
DATED:	May 30, 2024 /
ABC:	Lot I / 42,000.00 /
	Lot II / 5,800.00 /
BAC RES. NO.	NP-SVP / 0746-24 /
DATED:	June 21, 2024 /

CITY HEALTH OFFICE /

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative. /


 MA. BRITA D. REBADOMIA
 CGA/PH I-PMSD
 BAC Secretariat & Procurement Div.-CMO(Reassigned)

- NOTE:
- ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 - WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
 - PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 - ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 - PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) (EXCEPT FOR GASOLINE & DIESEL FUEL)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	unit	Lot I: Air-con compressor /	1		
1	service	Lot II: Labor Fabricate Air-con compressor adapter / brackets and frames w/ materials supplied / & installation /	1		
2	service	Re-charging of freon of compressor and / check-up of leakages / X-X-X-X-X-X-X-X-X Work Duration:10 Working Days /	1		
PURPOSE		For use of Dental Bus vehicle assigned at City Health Office. /			

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

Printed Name/Signature

CANVASSED BY: _____
Printed Name/Signature

Tel.No./Cellphone No./E-Mail Address

Date